

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.	09/371,612	FILING DATE
APPLICANT(S)		

7-1-08

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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9						
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16		(1)				
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23	1					
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29	1					
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37						
38	1					
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41						
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45						
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					

	END	DEP	END	DEP	END	DEP
51						
52						
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100						
TOTAL END.						
TOTAL DEP.						
TOTAL CLAIMS						